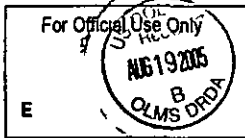


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9901	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name Ralph W Adams P O Box Bldg Room No if any Street 12004 Smoketree Road City Potomac State Maryland ZIP Code + 4 20854	4 Name file number and address of labor organization Name Laborers International Union of North America Labor Organization File Number 000 131 P O Box Building and Room Number if any Street 905 16th Street NW City Washington State District of Columbia ZIP Code + 4 20006
5 Position in labor organization Comptroller	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed	On 8/15/05 Date	202-942-2221 Telephone Number

Name of Person Filing Ralph Adams	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	11 a Nature of such dealing <input type="text"/> 11 b Approximate dollar value of such dealing <input type="text"/> 12 a Nature of interest held or income received <input type="text"/> 12 b Amount <input type="text"/>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name <input type="text"/> State Street Bank and Trust Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> 125 Sunnynoll Court Suite 200 City <input type="text"/> Winston-Salem State <input type="text"/> North Carolina ZIP Code + 4 <input type="text"/> 27106	14 a Nature of payment <input type="text"/> 7/14/04 Had lunch at restaurant Estimated at \$30 14 b Amount of payment. <input type="text"/> \$30
13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	

Name of Person Filing Ralph Adams	File Number U
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Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name <input style="width: 80%;" type="text" value="Amalgamated Bank"/> Trade Name if any <input style="width: 80%;" type="text"/> P O Box Bldg Room No if any <input style="width: 80%;" type="text"/> Street <input style="width: 80%;" type="text" value="15 Union Square"/> City <input style="width: 80%;" type="text" value="New York"/> State <input style="width: 20%;" type="text" value="New York"/> ZIP Code + 4 <input style="width: 40%;" type="text" value="10003 3378"/>	14 a Nature of payment <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> Around Christmas time received Holiday Gift of a blanket </div>
13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment \$38

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name <input style="width: 80%;" type="text" value="Voyageur Asset Management"/> Trade Name if any <input style="width: 80%;" type="text"/> P O Box Bldg Room No if any <input style="width: 80%;" type="text"/> Street <input style="width: 80%;" type="text" value="90 South Seventh Street Suite 4400"/> City <input style="width: 80%;" type="text" value="Minneapolis"/> State <input style="width: 20%;" type="text" value="Minnesota"/> ZIP Code + 4 <input style="width: 40%;" type="text" value="55402"/>	14 a Nature of payment <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> Around thanksgiving received box of assorted apples Estimated at \$25 </div>
13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment \$25

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name <input style="width: 80%;" type="text" value="Voyaguer Asset Management"/> Trade Name if any <input style="width: 80%;" type="text"/> P O Box Bldg Room No if any <input style="width: 80%;" type="text"/> Street <input style="width: 80%;" type="text" value="90 South Seventh Street Suite 4400"/> City <input style="width: 80%;" type="text" value="Minneapolis"/> State <input style="width: 20%;" type="text" value="Minnesota"/> ZIP Code + 4 <input style="width: 40%;" type="text" value="55402"/>	14 a Nature of payment <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> Around Christmas received book Off the Beaten Path Estimated \$25 </div>
13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment \$25

Name of Person Filing Ralph Adams	File Number U
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Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name National Car Rental Trade Name if any P O Box Bldg Room No if any Street 1200 North Fayette Street City Alexandria State Virginia ZIP Code + 4 22314	14 a Nature of payment Around Christma time received a tin of Chocolates Estimated value 25
13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment \$25

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Advest Inc Trade Name if any P O Box Bldg Room No if any Street 555 12th Street NW Suite 750 North City Washington State District of Columbia ZIP Code + 4 20004	14 a Nature of payment Around Christma time received a Cheese Basket Estimated value \$50
13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment \$50

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name AVF Consulting Trade Name if any P O Box Bldg Room No if any Street 1220 Joppa Road Bldg C Suite 514 City Baltimore State Maryland ZIP Code + 4 21286	14 a Nature of payment Around Christma time received a collection of candies Estimated at \$25
13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment \$25



LABORERS INTERNATIONAL UNION OF NORTH AMERICA



August 11, 2005

TERENCE M O SULLIVAN
General President

ARMAND E SABITONI
General Secretary Treasurer

Vice Presidents

VERE O HAYNES

MIKE QUEVEDO JR

TERRENCE M HEALY

RAYMOND M POCINO

EDWARD M SMITH
Assistant to the
General President

JAMES C HALE

JOSEPH S MANCINELLI

ROCCO DAVIS
Special Assistant to the
General President

VINCENT R MASINO

DENNIS L MARTIRE

MANO FREY

ROBERT E RICHARDSON

JOSE A MORENO

JOHN F HEGARTY

MICHAEL S BEARSE
General Counsel

HEADQUARTERS
905 16th Street NW
Washington DC
20006 1765
(202) 737 8320
Fax (202) 737 2754

U S Department of Labor
Employee Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue NW
Room N-5616
Washington, DC 20210

**Re Form LM-30 Filing for Ralph W Adams, Laborers'
International Union of North America, File No 000-131**

Dear Sir or Madam

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I have received in 2004.

Sincerely,

RALPH W ADAMS
Comptroller

plr
Enclosure

Strong, Proud, United